

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 99422 Office of Registrar of Vital Statistics.

Ward 11<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 4<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Amanda<sup>m</sup> Haynes

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 61 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, white

Married, ~~Single~~ Widow or Widower, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ind

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, { Give Street and Number. } 817 St Paul.

Cause of Death, { First (Primary), Second (Immediate), } Chronic Nephritis  
Exhaustion Diarrhoea

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 6<sup>th</sup> April 1887

Undertaker, Wm Jenkins & Sons C B Gamble M. D.  
Medical Attendant.

Place of Business, Park & Annapolis Address, 925 Calverton

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 99023

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A DEATH CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 4 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catharine Heiser

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 86 Years, 10 Months, 22 Days.

Color, White

Married, ~~Single~~, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None. Lived with her son

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 14 years

Place of Death, { Give street and number } 1607 N. Carroll St

Cause of Death, { First, (Primary.) } Old age  
{ Second, (Immediate.) } "

Duration of last Sickness, six months

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, April 5/87

{ Undertaker, J. Lewis Schaefer

{ Place of Business, 316 N. Fremont Address, 602 N. Carey St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 9902 Office of Registrar of Vital Statistics. Ward 13<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 4<sup>th</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Edward Hale

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 3 Years, 7 Months, 7 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, { Give Street and Number. } No. 217 Parkers St

Cause of Death, { First (Primary), Second (Immediate), } Infantile Stomach

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Oliver Cemetery

Date of Burial, Tuesday Apr 5<sup>th</sup>

Undertaker, Evans & Spencer

Place of Business, 1000 E. Balt St Address, Cor. Columbia & Mount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99025 Office of Registrar of Vital Statistics.

Ward 19

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 3rd 1887

Full Name of Deceased, Florence Thomas  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, female  
{ Cross out the word not required in this line. }

Age, 18 Years, 8 Months, ✓ Days

Color, Black

Married, Single, Widow or Widower, Single  
{ Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, Baltimore City  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, 1018 Vincent Alley  
{ Give Street and Number. }

Cause of Death, Convulsions  
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Shore St Cemetery

Date of Burial, Apr 5 1887

Undertaker, William H. Burger

Place of Business, 450 E. 8th St

W. H. Warner M. D.  
Medical Attendant.

Address, 901 Shreve St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

# Health Department City of Baltimore.

Permit No. 99026 Office of Registrar of Vital Statistics. Ward 14<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the accuracy of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 4<sup>th</sup> 1887

Full Name of Deceased, Harry Bindewald  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,        Years,        Months, 3 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Baltimore City

Birth Place, Baltimore City  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 3 days

Place of Death, 1027 Saratoga St.  
{ Give Street and Number. }

Cause of Death, Umbilical Hernia  
{ First (Primary), Second (Immediate), }

Exhaustion

Two hours

Duration of Last Sickness,         
All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 5<sup>th</sup> 1887

Undertaker, M. Cadogan

Place of Business, 227 Mulberry St.

Address, University Hospital

Medical Attendant, C. H. Mitchell M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT, BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 99027 Office of Registrar and Statistics. Ward 11 1/2

The Physician who attended any person in a last illness, is responsible for the accuracy of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, with twenty-four hours of the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 4 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John W. Starkey

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 71 — Years, Months, Days,

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Tobaccoist

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Fencham England

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, { Give street and Number. } 655 N. Paca St Balto

Cause of Death, { First (Primary), Second (Immediate). } Bronchitis & Old age

Duration of Last Sickness, Three weeks

Place of Burial, New Cathedral

Date of Burial, April 6 1887

Undertaker, Chas T Scriven

Place of Business, 925 Madison Ave Address, 612 N. Putnam St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. *99028* Office of Registrar of Vital Statistics.

Ward *1st*

The Physician who attended any person in a last illness, is responsible for the completion of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, *April 4<sup>th</sup> 1887*

Full Name of Deceased, *Ernestina Spindler*

Sex, *Male* or Female, *Female*

Age, *1* Years, *1* Months, *1* Days.

Color, *White*

Married, Single, Widow or Widower, *Single*

Occupation, *Life*

Birth Place, *Baltimore City*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, *# 333. S. Chester St*

Cause of Death, *Dentition*  
*Convulsions*

Duration of Last Sickness, *two days*

All the above information should be furnished by the Physician.

Place of Burial, *Shaw's Cemetery*

Date of Burial, *April 5<sup>th</sup> 1887*

Undertaker, *H. Sandu and Son*

Place of Business, *Canton Ave* Address, *Corner of M & E*

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

*John M. De Goez* Inspector



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 99029 Office of Registrar of Vital Statistics. Ward 247

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 4, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catharine Saur

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 44 Years, + Months, + Days

Color, White.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married.

Occupation, Housewife.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Würtemberg, Germany.

Duration of Residence in the City of Baltimore, 26 yrs.

Place of Death, { Give Street and Number. } 606 S. Ann St

Cause of Death, { First (Primary), Second (Immediate), } Pulmonary Phthisis  
Asthma

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St. Ansgar's Cemetery

Date of Burial, April 5, 1887

Undertaker, Chas. Bauer A. V. Gosweiler M. D.

Medical Attendant.

Place of Business, 406 S. Ann St Address, 233 S. Ann St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

# Health Department, City of Baltimore.

Permit No. 99030

Office of **HEALTH DEPARTMENT** Statistics.

Ward 13<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL OF DEAD BODY OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 4<sup>th</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harten Snyder

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 68 Years, 1 Months, 20 Days

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 39 years

Place of Death, { Give Street and Number. } 921 Mc Henry St.

Cause of Death, { First (Primary), Second (Immediate), } Paralysis

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 6<sup>th</sup> 1887

{ Undertaker, Geo Leimbach

H. W. Weber M. D.  
Medical Attendant.

{ Place of Business, \* 647 N. Pratt St Address, 814 N. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

# Health Department, City of Baltimore.

Permit No. 99031 Office of Registrar of Vital Statistics. Ward 6<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 4 1887

Full Name of Deceased, Michael Morrison  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 77 Years, 10 Months,    Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None

Birth Place, Ireland, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Eighty Years

Place of Death, 1437 Orleans St, { Give Street and Number. }

Cause of Death, Bright's Disease  
{ First (Primary), Second (Immediate). }

Duration of Last Sickness, Eight Weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, April 6<sup>th</sup>

Undertaker, H. C. Wiedefeld Edwards M. D.  
Medical Attendant.

Place of Business, 916 Greenmount Ave Address, 1437 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]